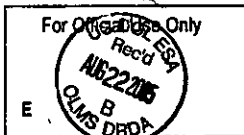


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U - <u>70816</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / 2004 Through <u>12</u> / <u>31</u> / 2004
3 Name and address of person filing Name <u>RONNIE</u> <u>NORWOOD</u> P O Box, Bldg, Room No, if any _____ Street <u>4201 E. BONANZA ROAD, SUITE 101</u> City <u>LAS VEGAS</u> State <u>Nevada</u> ZIP Code + 4 <u>89110-6101</u>	4 Name, file number, and address of labor organization Name <u>SOUTHERN NEVADA LABORERS LOCAL 872</u> Labor Organization File Number <u>001013</u> P O Box, Building and Room Number, if any _____ Street <u>4201 E BONANZA ROAD, SUITE 101</u> City <u>LAS VEGAS</u> State <u>Nevada</u> ZIP Code + 4 <u>89110-6101</u>
5 Position in labor organization <u>VICE PRESIDENT</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name, if any) Name _____ Trade Name, if any _____ P O Box, Bldg, Room No, if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest, Transaction, or Income _____ 7 b Amount _____

Signature

15 Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)

Signed

On

8-15-05

Date

702-592-6078

Telephone Number

Name of Person Filing RONNIE NORWOOD

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

9 Business deals with

- ☐ a Labor Organization
- ☐ b Trust
- ☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

11 a Nature of such dealing

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

12 b Amount

C Received from any employer (other than an employer covered under parts A and B above)
or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant
(including trade name, if any)

Name OBA MIDWEST, LTD

Trade Name, if any

P O Box, Bldg, Room No, if any

Street 526 S TONOPAH DRIVE, SUITE 200

City LAS VEGAS

State Nevada ZIP Code + 4 89106

14 a Nature of payment.

01/21/04 DINNER WHILE IN ORLANDO FOR LABORERS TRI
FUND CONFERENCE

13 b Is the Business an Employer ☒ or Consultant ☐ ?

14 b Amount of payment.

\$110

Part C Continuation Page

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name LABORERS' HEALTH & SAFETY FUND OF N AMERICA

Trade Name, if any

P O Box, Bldg, Room No, if any

Street 905 16TH STREET, NW

City WASHINGTON

State District of Columbia ZIP Code + 4 20006-1765

14 a Nature of payment.

07/12/04 DINNER AT TRI-FUNDS CONFERENCE.

13 b Is the Business an Employer ☒ or Consultant ☐ ?

14 b Amount of payment.

\$40

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

14 a Nature of payment.

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

14 a Nature of payment.

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment